Minutes of the Health & Human Services Committee

Thursday, June 12, 2003

Chair Herro called the meeting to order at 1:02 p.m.

Present: Supervisors Ken Herro (Chair), Mareth Kipp, Jim Jeskewitz, Alicia Silva, Carl Seitz, Sandy Wolff, and Paul Pronold. Seitz and Silva left the meeting at 3:00 p.m.

Also Present: Chief of Staff Lee Esler, Public Health Manager Nancy Healy-Haney, Health & Human Services Director Peter Schuler, Administration Services Manager Russ Kutz, Senior Financial Analyst Andy Thelke, Deputy Health & Human Services Director Ernie Messinger, Collections & Business Services Manager Sean Sander, Senior Collections Specialist Dave Schultz, Clinical Services Manager Mike DeMares, and Internal Audit Manager Lori Schubert.

Announcements
Healy-Haney gave an update on SARS and Monkeypox as it affects Waukesha County. Staff continue to follow SARS and they've recently initiated quite a bit of community education. So far, out of 35 people checked for the disease, they've found 12 suspected cases, and two probable cases. A unified instant command center has been set up for the Monkeypox disease and this has brought in an array of medical expertise from the City of Milwaukee. The center has yielded 16 individuals who are demonstrating symptoms of the illness with eight probable cases (not all of whom are Waukesha County residents). So far, there have been no fatalities. Healy-Haney said she and her staff have given area hospitals and medical clinics various information on how to best protect their workers. Local veterinarian clinics have also become involved.

Approve Minutes of May 29, 2003
MOTION: Jeskewitz moved, second by Kipp to approve the minutes of May 29, 2003. Motion carried 7-0.

Executive Committee Report
Herro said the Executive Committee, at their next meeting, will interview candidates for the two vacant County Board seats.

Review Correspondence
Copies of the following correspondence, from Schuler's Office, were distributed to the committee.
- Journal Sentinel article entitled "Foster care fairing better, state says – more workers added, case volume declines."
- News release from State Department of Health & Family Services entitled "DHFS Reorganizes Services for Elderly and People with Disabilities."
- News release from Governor's office entitled "Governor Announces New Medicaid Autism Treatment Program."

Presentation on the Uniform Fee Charging System and Department Fee Collections
Herro said all Health & Human Services budgets have revenue lines and he wants to look into how revenue is determined and collected. The following information was distributed: the County's billing rates for human services; State Code excerpts on the uniform fee schedule, liability and collections; references for uniform fee information; and brochures on payment for services for mental health and AODA. Schuler said for some services and fees, they determine a rate and that service may or may not be regulated by some sort of administrative rule/laws. Schuler said for many services, however, and for the

overall collection of fees, they follow Wisconsin Code. They do collect a large amount of money and without it they would certainly have huge problems with their budget.

To answer Kipp's question, Kutz said if somebody doesn't abide by their ability to pay arrangements, the account will be referred to the County's Collections Division. Sander estimated a 20% recovery of those accounts that are referred to them as delinquent. Typically, services that are the responsibility of the parents have a higher recovery rate than mental health and AODA services. To determine client payment plans, Kutz said they look at current income tax information to determine ability to pay. In some cases, staff are able to deviate slightly from the fee schedule.

Kutz discussed the State's uniform fee schedule which is dictated by the State Department of Health & Family Services and written into the State Statutes. The state has delegated collection authority to the counties. Some services are exempt from fee charging and include services provided to the courts, outreach, information and referral services, assessments, and interpreter services. Kutz discussed cost-based fees and he said they use the adopted budged to go through a rate setting process where they look at, for example, the Mental Health Center, taking into consideration administrative overhead, including indirect county allocations, etc. and divide that by the estimated days of care to come up with a rate per day. Other factors for determining rates of pay are what the insurance industry is willing to pay and what the State's Administrative Code dictates.

Sander discussed the collections process which includes determining whether they qualify for any reductions as outlined in the Code. However, in order to do this they must first provide full financial disclosure. If it's an inpatient service and they provided full financial disclosure at the time of service, Collections staff can calculate what they should be paying towards that liability. If staff determine that a client has the money to pay but they aren't cooperating, they'll litigate the account. At this point the client has one last chance to provide full financial disclosure, if they haven't done so already, within a certain time period. If it's determined they have assets and a job the County will sue them. Once sued, the Statutes allow them to add interest from the date the bill became delinquent which is 90 days. If they don't cooperate staff will get a judgment for the full cost of the bill plus interest, and liens will be placed against their assets and wages garnished. Sander noted that most people cooperate with them prior to this point. Sander went on to discuss the Statute of Limitations and at what point they may decide to stop pursuing an account. He noted that they've increased their utilization of the tax intercept option which has assisted in their collections.

Review the Clinical Services Division Internal Audit of June, 2000 for Program Background Familiarization
Herro said this and the following agenda item have to do with the budget process and making it more user friendly, more understandable, perhaps using a modified zero based budget. He said it's important to understand the base budget of the Clinical Services Division (and AODA) so when the state tells us they're going to freeze funding we understand what the base level includes and why there shouldn't be a freeze. For future budgets, Herro said he would like to see dollars amounts per program. DeMares and staff went on to review the budget and programming as outlined in the audit report and the budget book.

Seitz and Silva left the meeting at 3:00 p.m.

Review the AODA Programming Internal Audit of March, 2002 for Program Background Familiarization
DeMares and staff reviewed the budget and programming as outlined in the audit report and the budget book. Herro said one of the things that's important to determine is whether a program is effective and what will need to be spent if we want to make it more effective. DeMares said some of this information including measurable outcomes are available. Herro said the budgetary figures included in the budget

need to be easier to understand. Kipp said she would like to see more detail. Kutz said they have a lot of the detail and they can split a lot of things out. Thelke said a modified zero based budget is what you see in the audits – breaking down the budget by activity and basically explaining program subcomponents in more detail. It has nothing to do with monetary increases or decreases. It also means that a department must re-justify their entire base every year based on activities.

State Legislative Update
Copies of the Legislative Policy Advisor Dave Krahn's legislative update with regards to human services dated 6-12-03 were distributed.

Future Agenda Items
Review Contracted Services in Health & Human Services (Kipp)

MOTION: Jeskewitz moved, second by Pronold to adjourn at 3:56 p.m. Motion carried 5-0.

Recorded by Mary Pedersen, Legislative Associate.

Respectfully submitted,

Alicia Silva
Secretary